Transportation Services Town of Groton Senior Center

The information obtained in this certification process will only be used by the Town of Groton Senior Center for the provision of transportation services. Information will only be shared with Center personnel to facilitate transportation services. The information will not be provided to any other person or agency.

Address	5
Telepho	one (Home)
Date of	Birth/
Emerge	ncy Contact Name
Emerge	ncy Contact Telephone
Will you	ı be using our regular van service?
	Yes No
	hair Transportation: What is the disability, which prevents you fro
	ur regular van services?
Is this c	
Is this c	condition temporary? Circle one: Yes or No

Z	following information will be used to ensure that an appropriate vehicle is sed to provide your transportation and that an accurate analysis of your triests can be made by the Town of Groton Senior Center.				
	Do you use any of the following aides to mobility? (Check all that apply)				
	*Manual wheelchair *Electric wheelchair Cane Crutches Guide Dog				
	Powered Scooter Crutches Walker Oxygen				
	Other (please specify)*Our wheelchair lift is capable of 350 lbs, which includes the chair.				
	Do you require a Personal Care Attendant when you travel?				
	Yes No				
	A. Do you need personal care? Yes No This service is not available at the Center.				
	Please answer the following questions:				
	Can you travel 200 feet without the assistance of another person? Yes No				
	Can you travel ¼ mile without assistance of another person? Yes No				
	Can you climb three 12-inch steps without assistance? Yes No				
	Can you wait outside without support for ten minutes? Yes No				
	Groton Senior Center does not provide assistance to the vehicle.				

By signing this document and accepting the transportation services provided by the Town of Groton Senior Center, you acknowledge and accept that those services consist of driving you to and from your medical appointment(s) only, and that the driver is not trained or qualified to and will not provide you personal care, medical care or any type of service other than driving you to and from appointment(s).

Groton Senior Center reserves the right to decline transportation services based on their current guidelines for independent transportation.

	I hereby certify that the information given is correct.
	Signed
	Date//
If someone has completed this application other than the person request transportation, that person should complete the following:	
	Name
	Daytime Phone

Town of Groton Senior Center Transportation Services

Reservations

- 1. Call when calendar comes out for the next month (4^{th} Tuesday of the month), or 24-hours in advance for transportation.
- 2. Please check the Groton Senior Center monthly LifeLines for specific dates of and types of transportation services available.
- 3. Transportation is provided on a first come first serve basis.

Passenger Pick-up

- 1. Passengers are required to be ready at their scheduled pick-up time.
- 2. In the interest of customer safety, if the Town of Groton Senior Center driver determines that transporting the resident may pose a danger to the safe operation of our vehicle or resident, the driver has the authority not to transport the resident.

Personal Travel Attendants

- 1. The need for an attendant will be determined during the eligibility process.
- 2. It may be necessary to review the issue of having an attendant assist the resident based on declining mobility in the future.
- 3. Both personal travel attendants and resident must board and deboard at the same location.

Customer Assistance

1. Residents that need assistance in their mobility, or in the carrying of packages should travel with an attendant. Drivers are not responsible for carrying customer's packages or assisting residents into their home or other destinations.